PATENT APPLICATION FEE DETERMINATION RECORD

		Effec		(	<u> </u>	/	05					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								EN		OR	OTHER	
TO	OTAL CLAIMS		14				RATI	E	FEE	]	RATE	FEE ·
FOR			NUMBER FILED		NUMBER EXTRA		BASIC I	FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			19 min	านร 20=	. 8-1		XS 9	=		OR	XS18=	_
INDEPENDENT CLAIMS			3 minus 3 =		8		X43		·	OR	X86=	
ML	ILTIPLE DEPEN	NDENT CLAIM PI	RESENT				÷145	_	· .	OR	÷290=	
• If the difference in column 1 is less than zero, enter "0" in column 2						TOTA			OR	TOTAL	770	
8	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							L	NTITY	OR	OTHER SMALL I	THAN
AMENDMENT A	·	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	EST BER JUSLY	PRESENT EXTRA	RATE	=	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Q	Total	. 5	Minus	-2	00	=	X\$ 9=	-		OR	X\$18=	
AME	Independent	Independent - 3 Minus			3	= .	X43=			OR	· X86=	
FIND I PRESENTATION OF MULTIPLE DEPENDENT CLAIM								_		OR	+290=	
								AL		ا ۱	TOTAL	
ADDIT. FE (Column 1) (Column 2) (Column 3)										,	ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHI NUME PREVIO PAID F	EST BER USLY	PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	de de			XS 9=			ОR	X\$18=	
	Independent	NTATION OF MI	Minus .	ENDENT	CLAIM	=	X43=			OR	X86=	
ш	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+290=	•
								AL E	•	OR ,	TOTAL ADDIT, FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C	`	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	ER USLY	PRESENT EXTRA	RATE		ADDI- IONAL FEE		PATE	ADDI- TIONAL FEE
	Țotal .	•	Minus	**		=	X\$ 9=	T		OR	X\$18=	
	Independent	•	Minus	***		<b>s</b> ·	X43=	+		ı	X86=	
٩	FIRST PRESE		173=	+		OR						
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290=	
1	"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR ,	TOTAL ODIT. FEE	
. 1	The *Highest Num	mber Previously Paid ther Previously Paid	i For (Total or	o orace is Independe	iess thai nt) is the	n 3, enter "3." highest number f	ound in the	appro	priate box	in colu	ımn 1.	